FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 641084 (9)

1. Corporation Name
SENTRY ASBESTOS CONTAINMENT AND REMOVAL, INC.

Principal Place of Business
COCOLI INDUSTRIAL AREA
LOT 7
PANAMA CANAL AREA FL 33146
US

Mailing Address
2650 BISCAYNE BLVD.
C/O UDELL
MIAMI FL 331 3
US

3. Date Incorporated or Qualified: 09/18/1979
3a. Date of Last Report: 03/30/1995
4. FEI Number: 98-0040787 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State: Cocoli
24 Zip: N/A
25 Country: PANAMA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip: 33137
30 Country

9. Name and Address of Current Registered Agent
UDELL, BARTON S.
2650VISCAYNE BOULEVARD
MIAMI FL 33137

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2650 Biscayne Boulevard
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	HOMA, C WILLIAM	
STREET ADDRESS	HOUSE 792X	
CITY-ST-ZIP	BALBOA, PANAMA	
TITLE	V	☐ DELETE
NAME	PUENTES, ARMANDO	
STREET ADDRESS	ARCADIA BLDG APT 7C	
CITY-ST-ZIP	PANAMA, PANAMA	
TITLE	VD	☐ DELETE
NAME	HOMA, DEAN C	
STREET ADDRESS	COCOLI TRAILER PK #17	
CITY-ST-ZIP	COCOLI, PANAMA 0	
TITLE	PD	☐ DELETE
NAME	HOMA, BRUCE M	
STREET ADDRESS	COCOLI TRAILER PK #18	
CITY-ST-ZIP	COCOLI, PANAMA 0	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. William Homa SECRETARY JAN 22 1996 011(507)272-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. WILLIAM HOMA

CR2E034 (12/95)